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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None K.P.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None K.P.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>K.P.</i>		
Verified and Acknowledged				

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TITLE

System, mobile station and method for delivering services

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